

Split 1

PRELIMINARY ISSUE

Work Order ID 139817-1 \*139817\*

Item ID: D5369-2  
Revision ID: PRELIM  
Item Name: Cable Guard  
Start Date: 12/9/2015 Start Qty: 3.00  
Required Date: 12/9/2015 Req'd Qty: 3.00  
Reference:

Accept \*N900040100\* Setup Start \*NS1\*  
Stop \*NS2\*

Cust Item ID:  
Customer:

DAS 9-88  
①  
\*3\*  
\*3\*

POSITIVE  
RECALL

Approvals: Process Plan: Date: Tooling: Date: Run Start \*NR1\*  
QC: Date: SPC (Y/N): Date: Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                   | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr                                                                               |                      |         |        |              |               |               |                  |                |
| D5369                          | PA6                                                                                        |                      |         |        |              |               |               |                  |                |
| 100                            | FLOW WATER JET                                                                             | 0.00                 |         |        |              |               |               |                  |                |
| *100*                          |                                                                                            |                      |         |        |              |               |               |                  |                |
| Waterjet                       | Memo                                                                                       | 0.03                 |         |        |              |               |               |                  |                |
| FLOW CNC Waterjet              | 1-Cut as per Dwg D5369-1-2_BLANK<br>Dwg Rev: PAC<br>Prog Rev: PRC<br>2-Deburr if necessary |                      |         |        |              |               |               |                  |                |
| 110                            | QC2- Inspect parts off machine FAI/FAIB                                                    | 0.00                 |         |        |              |               |               |                  |                |
| *110*                          |                                                                                            |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                                       | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                                            |                      |         |        |              |               |               |                  |                |

③

DC 15/12/09

③

DC 15/12/09

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |
| Date : _____                                                 |                                                | Step #: _____                                                                                                                                                                      |                                                            | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | QC / QA Coordinator<br>Approval                 |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |

# Work Order ID 139817

December 09, 2015 10:21:31 AM

**\*139817\***

Page 2

Item ID: D5369-2 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: PRELIM Stop **\*NS2\***  
 Item Name: Cable Guard  
 Start Date: 12/9/2015 Start Qty: 3.00 **\*3\*** Cust Item ID:  
 Required Date: 12/9/2015 Req'd Qty: 3.00 **\*3\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                                | Operation<br>Description                                                                                                                                   | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp             |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------------------|
| 120<br><b>*120*</b><br>HAAS 1<br>HAAS CNC vertical machine #1 | HAAS CNC VERTICAL MACHINING #1<br><br>Memo<br>1-Mill as per folio FB443 & dwg D5369,<br>FOLIO REV: <u>N/A</u><br>DWG REV: <u>A</u><br>2-Deburr as required | 0.01<br><br>0.03     |         |        |              | 1             | <del>0</del>  |                  | DAS<br>20<br>9-89 15-12-11 |
| 130<br><b>*130*</b><br>QC<br>Quality Control                  | QC2- Inspect parts off machine FAI/FAIB<br><br>Memo                                                                                                        | 0.00<br><br>0.00     |         |        |              |               |               |                  |                            |
| 140<br><b>*140*</b><br>QC<br>Quality Control                  | QC8- Inspect parts - second check<br><br>Memo<br>ENSURE D5369-1/-2 IS MACHINED TO LENGTH AS PER DWG.                                                       | 0.00<br><br>0.00     |         |        |              |               |               |                  |                            |

POSITIVE RECALL  
 EFFECTIVE 15/12/11 AUTH             
 RELEASED            DATE 15-12-11

Per A  
 ECU 16-510



1 ~~0~~ DAS  
20  
9-89 15-12-11

① 15-12-11 DAS  
9  
9-89



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date: _____                                                  |  | Step #: _____                                                                                                                                                                      |  | QTY Effective: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                     |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |

| Root Cause                                  |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                               |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|
| Environment <input type="checkbox"/>        | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |  |  |
| Design <input type="checkbox"/>             | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |  |  |
| Doc/Data <input type="checkbox"/>           | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |  |  |
| Equip/Tooling <input type="checkbox"/>      | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |  |  |
| Handling/Pre <input type="checkbox"/>       | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |  |  |
| Material <input type="checkbox"/>           | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |  |  |
| Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |  |  |
| Tribal Knowledge <input type="checkbox"/>   | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |  |  |
| LOA <input type="checkbox"/>                | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |  |  |
| Substation <input type="checkbox"/>         | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |  |  |
| Past Expiry Date <input type="checkbox"/>   | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                   |                                                            |                                                |                                               |  |  |
| Misidentified <input type="checkbox"/>      | Past Due <input type="checkbox"/>              |                                                 |                                                            |                                                |                                               |  |  |

Work Order ID 139817

\*139817\*

Page 3

December 09, 2015 10:21:31 AM

Item ID: D5369-2 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: PRELIM Stop \*NS2\*  
 Item Name: Cable Guard  
 Start Date: 12/9/2015 Start Qty: 3.00 \*3\* Cust Item ID:  
 Required Date: 12/9/2015 Req'd Qty: 3.00 \*3\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                             | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 150                            | Identify as per dwg & Stock Location: <u>prelin.</u> | 0.00                 |         |        |              |               |               |                  |                |
| *150*                          |                                                      |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                 | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                      |                      |         |        |              |               |               |                  |                |
| 160                            | QC21- Final Inspection - Work Order Release          | 0.00                 |         |        |              |               |               |                  |                |
| *160*                          |                                                      |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                 | 0.01                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                      |                      |         |        |              |               |               |                  |                |

① 15-12-11 PD.

MLJ JAN 26 2016

① 15-12-11

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |  |  |                              |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|--|--|------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |  |  |                              |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                              |  |  |  |                              |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                 |  |  |  |                              |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |  |  |                              |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |  |  | QC / QA Coordinator Approval |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |  |  |                              |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |  |  |                              |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |  |  |                              |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |  |  |                              |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |  |  |                              |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |  |  |                              |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |  |  |                              |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |  |  |                              |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                              |  |  |  |                              |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                              |  |  |  |                              |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                              |  |  |  |                              |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |  |  |                              |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |  |  |                              |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |  |  |                              |



# Picklist Print

December 09, 2015 10:21:38 AM

Page 1

Work Order ID: 139817

\*139817\*

Parent Item: D5369-2

\*D5369-2\*

Parent Item Name: Cable Guard

Start Date: 12/9/2015

Required Date: 12/9/2015

Start Qty: 3.00

Required Qty: 3.00

Comments: IPP REV:A 15.12.09 NEW ISSUE DD VERE:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| MUHMWB10                        |                        | Purchased     | No          |                     |                  |                 | sf                 | 346.4000       |             | 3.157895     |               |                |        |

\*MUHMWB10\*

UHMW 1" Black - 48"x120" Tivar Mfg.#52480104

\*\*

02/15/12/09

Location

Loc Qty

Loc Code

MAT018

346.4

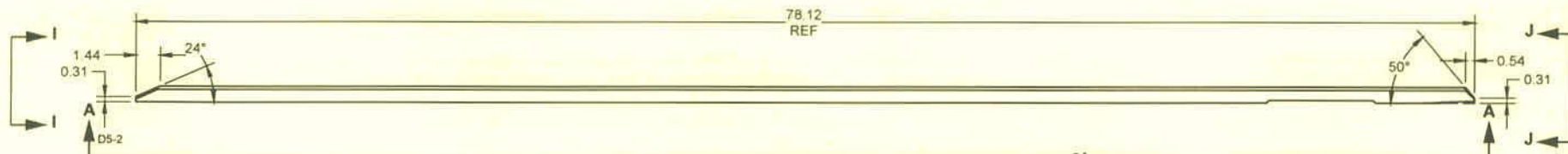
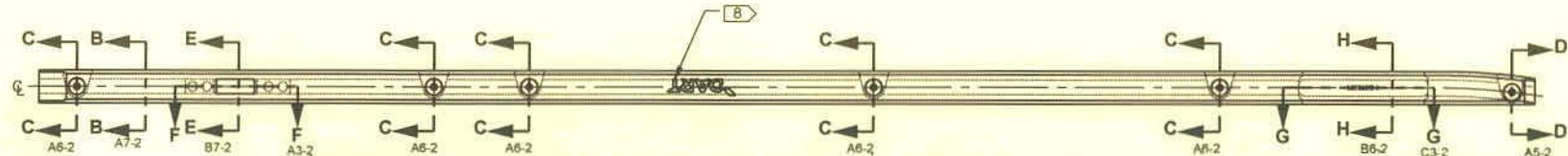
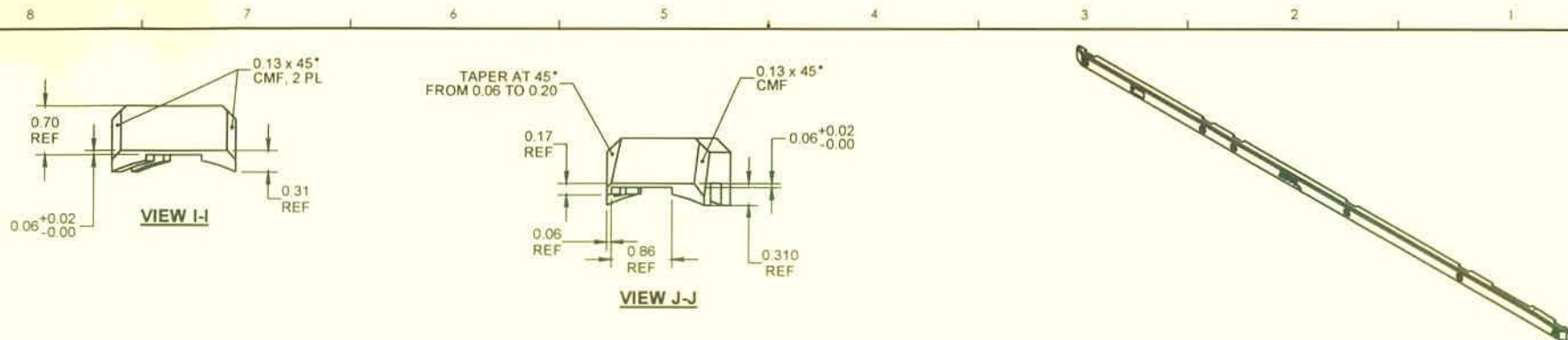
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m133642

307.5

3.3



# **D5369-1 CABLE GUARD**

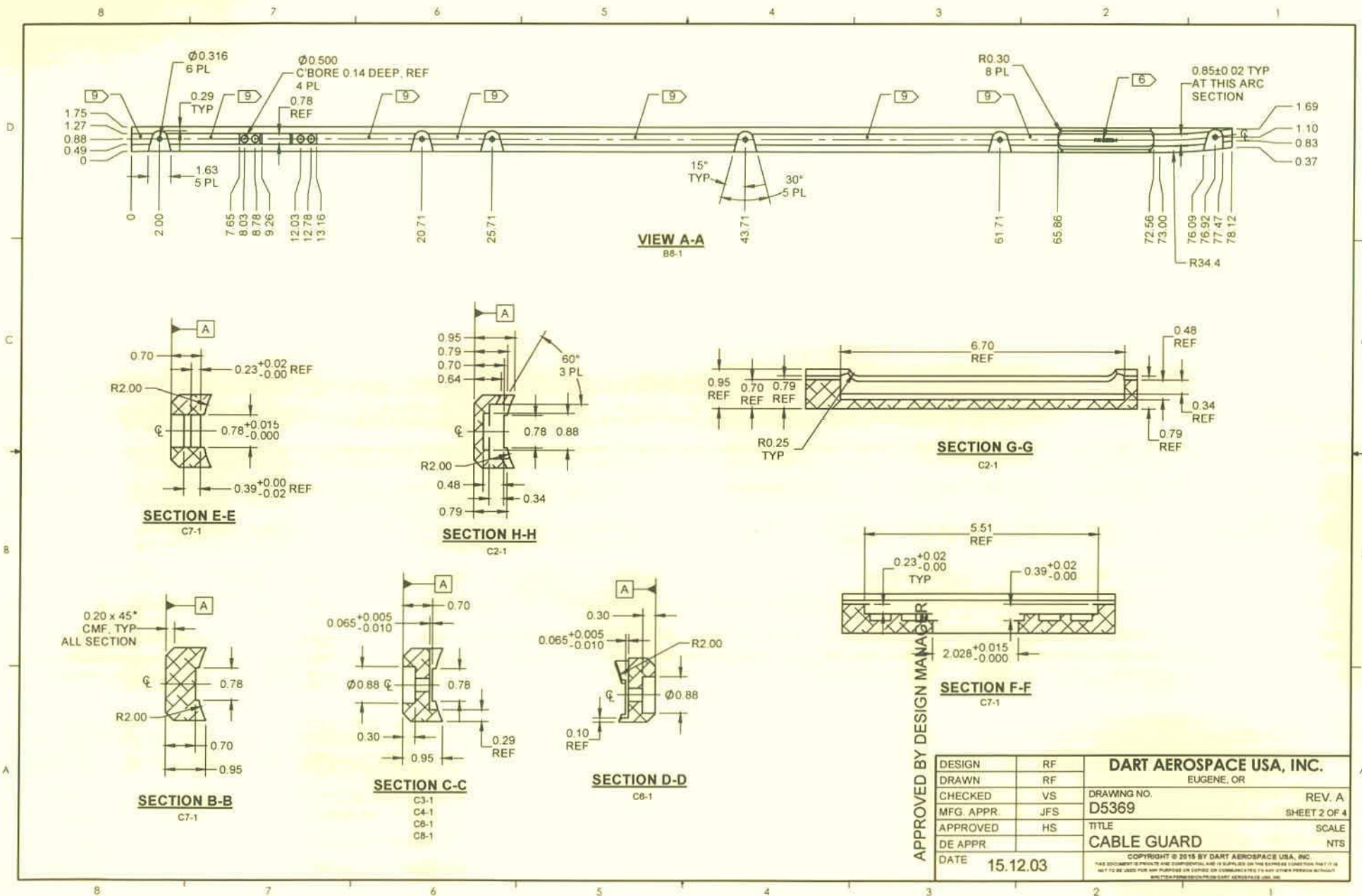
## **NOTES:**

- 1) MATERIAL: UHMW BLACK TIVAR 1000 VIRGIN MATERIAL  
REF DART SPEC MUHMWB100
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.020 TO 0.040 MAX
- 6) IDENTIFICATION: ENGRAVE P/N ON LOWER SIDE TO MAX DEPTH OF 0.010 AND MIN RADIUS OF 0.010
- 7) WEIGHT: 3.18 lbs
- 8) ENGRAVE DART LOGO AS SHOWN ON UPPER SIDE TO MAX DEPTH OF 0.015 AND MIN RADIUS OF 0.125
- 9) MACHINE CONSTANT SECTION B-B UNLESS OTHERWISE NOTED
- 10) ALL HOLES DRILLED ON CENTERLINES
- 11) UNDEFINED FEATURES CONTROLLED BY CAD FILE D5369-1.SLDPRT

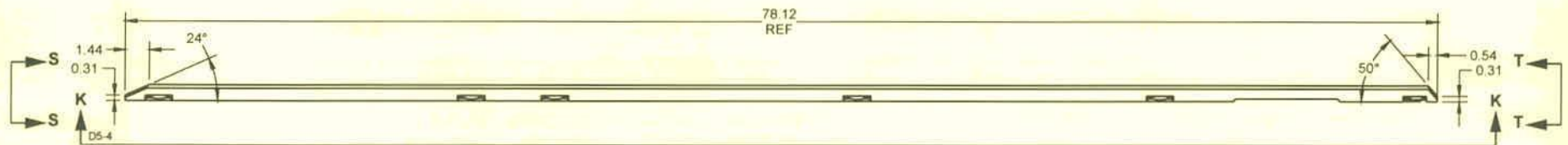
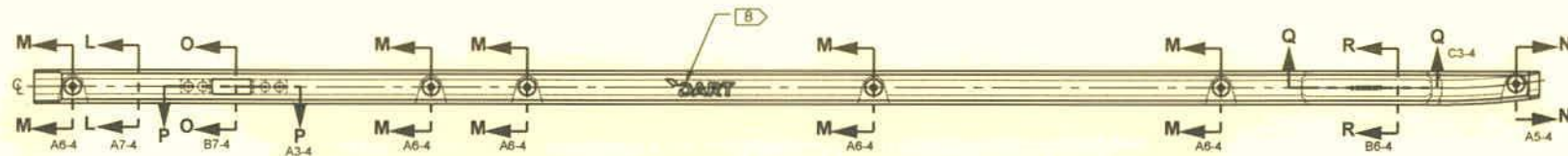
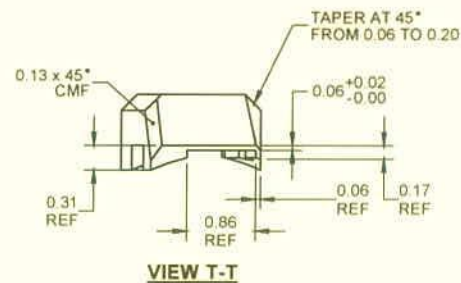
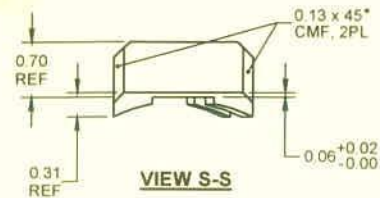
APPROVED BY DESIGN MANAGER

|             |             |                                                                                                                                                                                                                                                                                                 |              |
|-------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A NEW ISSUE |             | RF                                                                                                                                                                                                                                                                                              | 15.12.03     |
| REV         | DESCRIPTION |                                                                                                                                                                                                                                                                                                 | BY DATE      |
| DESIGN      | RF          | <b>DART AEROSPACE USA, INC.</b><br>EUGENE, OR                                                                                                                                                                                                                                                   |              |
| DRAWN       | RF          |                                                                                                                                                                                                                                                                                                 |              |
| CHECKED     | VS          | DRAWING NO.                                                                                                                                                                                                                                                                                     | REV. A       |
| MFG. APPR.  | JFS         | <b>D5369</b>                                                                                                                                                                                                                                                                                    | SHEET 1 OF 4 |
| APPROVED    | HS          | TITLE                                                                                                                                                                                                                                                                                           | SCALE        |
| DE APPR.    |             | <b>CABLE GUARD</b>                                                                                                                                                                                                                                                                              | NTS          |
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8 7 6 5 4 3 2 1



# **D5369-2 CABLE GUARD**

## **NOTES:**

- 1) MATERIAL: UHMW BLACK TIVAR 1000 VIRGIN MATERIAL  
REF DART SPEC MUHMWB100
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.020 TO 0.040 MAX
- 6) IDENTIFICATION: ENGRAVE P/N ON LOWER SIDE TO MAX DEPTH OF 0.010 AND MIN RADIUS OF 0.010
- 7) WEIGHT: 3.18 lbs
- 8) ENGRAVE DART LOGO AS SHOWN ON UPPER SIDE TO MAX DEPTH OF 0.015 AND MIN RADIUS OF 0.125
- 9) MACHINE CONSTANT SECTION L-L UNLESS OTHERWISE NOTED
- 10) ALL HOLES DRILLED ON CENTERLINES
- 11) UNDEFINED FEATURES CONTROLLED BY CAD FILE D5369-2.SLDPRT

APPROVED BY DESIGN MANAGER

|            |          |                                                                                                                                                                                                                                                                                                   |              |
|------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF       | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                                   |              |
| DRAWN      | RF       | EUGENE, OR                                                                                                                                                                                                                                                                                        |              |
| CHECKED    | VS       | DRAWING NO.                                                                                                                                                                                                                                                                                       | REV. A       |
| MFG. APPR. | JFS      | <b>D5369</b>                                                                                                                                                                                                                                                                                      | SHEET 3 OF 4 |
| APPROVED   | HS       | TITLE                                                                                                                                                                                                                                                                                             | SCALE        |
| DE APPR    |          | <b>CABLE GUARD</b>                                                                                                                                                                                                                                                                                | NTS          |
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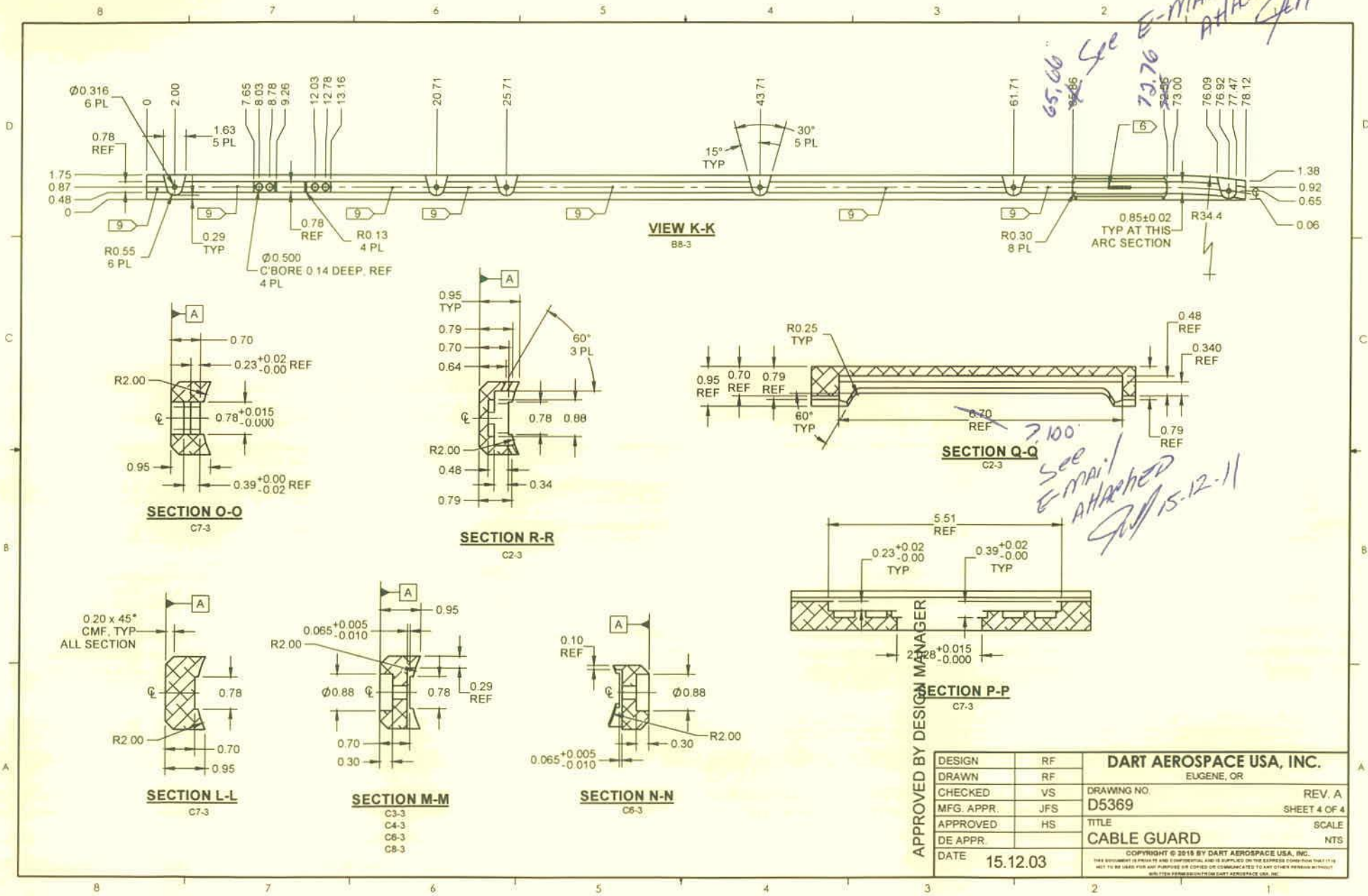
8 7 6 5 4 3 2 1

See E-mail Attached 15.12.11

65.66

13.76

See E-mail Attached 15.12.11





|                          |        |              |             |
|--------------------------|--------|--------------|-------------|
| DART AEROSPACE LTD       |        | Work Order:  | 139817      |
| Description: Cable Guard |        | Part Number: | D5369-2     |
| Inspection Dwg: D5369    | Rev: A |              | Page 1 of 1 |

## INSPECTION SHEET

[illegible]

|              |            |             |  |               |  |
|--------------|------------|-------------|--|---------------|--|
| Measured by: | 20<br>9-89 | Checked by: |  | QC Inspector: |  |
| Date:        | 15-12-11   | Date:       |  | Date:         |  |

|                                         |  |       |  |
|-----------------------------------------|--|-------|--|
| Engineering Approval:<br>(If necessary) |  | Date: |  |
|-----------------------------------------|--|-------|--|

| Rev | Date     | Change    | Revised by | Approved |
|-----|----------|-----------|------------|----------|
| B   | 14.07.31 | New Issue | KJ         |          |





## Jean Francois Sauve

**From:** Jean Francois Sauve  
**Sent:** December-11-15 10:24 AM  
**To:** Jean Francois Sauve  
**Subject:** D5369-2 cable Guard Deviation

Hier



I found miss correct opening for saddle, I will check with Harvey in 1hr from now if possible to correct by hand while is on the machine, so been a rush for sure I miss something.

8:10 AM

Not acceptable!!! 😞

8:14 AM



🕒 I know!!

8:15 AM

Let me know as soon as you have the model corrected and will try to fix the prog. and make it as per latest model.

8:16 AM



If we do this need be done as deviation from the drawing

8:18 AM

For now, will run the 1st and 2nd op., 3rd op is where we machine all pockets so will wait for the fix.

8:19 AM



so pocket in saddle is 3rd operation you say?

8:19 AM

For the deviation, if it ok with you, it ok we me!  
yes

8:19 AM



ok, so I will change length of the pocket because that fix everything instead do fix of rad.

8:21 AM

I fixed the length of pocket cut, that change the location of rad clearance saddle, thanks a lot. am sorry, I hate rush!!

8:28 AM

so you can grab model and see the change, tks





## SABIC POLYMERSHAPES

Ship To:  
DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ON, K6A 1K7  
CANADA  
Telephone - 1 (613) 6325200

Bill To:  
DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ON, K6A 1K7  
Canada

## PACKING SLIP

DATE:  
17-NOV-15

ORDER:  
99011337

PMT TERMS:  
CA NET 30

F.O.B.

WAREHOUSE: OTTAWA ON - SABIC POLYMERSHAPES  
1290 Old Innes Road, Unit 713, Ottawa, ON, K1B 5M6, CA

PURCHASE ORDER:  
PO30469

FRT TERMS:  
Collect Freight

SALES REPRESENTATIVE:  
DIXON, WADE

CONTACT NUMBER:  
0014005000120

ORDER DATE:  
16-NOV-15

DELIVERY NAME  
28459918

WAYBILL NUMBER:  
73642741106

FREIGHT CARRIER:  
TST OVERLAND EXPRESS

FREIGHT CHARGE COMMENT:  
CLAVOIE@DARTAERO.COM

| LINE | PART NUMBER/ ITEM DESCRIPTION                             | SHIP DATE   | QTY ORDERED | QTY SHIPPED | QTY BACKORD | UOM |
|------|-----------------------------------------------------------|-------------|-------------|-------------|-------------|-----|
| 1    | 52480104<br>UHMW SH 1.000 48X120 BK EXTRUDED   TIVAR 1000 | 17-NOV-2015 | 10          | 10          | 0           | SH  |

## SPECIAL INSTRUCTIONS:

LOT Numbers:  
(10 Qty)

RECEIVING IN GOOD CONDITION

Signed:

Date:

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\*\*\* End Of Report \*\*\*



# Certificate of Conformance

SABIC Polymershapes

1290 Old Innes  
Rd, Ottawa, ON  
K1B 5M6, Canada

Date: Tuesday, November 17, 2015

Attn: Chantal Iavoie  
To: DART AEROSPACE LTD  
Address: 1270 ABERDEEN STREET  
HAWKESBURY, ON, K6A 1K7, CA

Customer P.O. Number: PO30469  
Sales Order No: 99011337  
Manufacturer's Reference: OTW-101608  
Our Reference: OTW-101608

It is hereby certified that, to the best of SABIC Polymershapes' knowledge, the product information provided below conforms to the corresponding information in the possession of SABIC Polymershapes with respect to such products. This certification and the sale of products are, unless otherwise agreed to in writing, subject to SABIC Polymershapes' standard conditions of sale. This document shall not be reproduced, except in full, without prior written approval.

| Quantity | Description                                   | Lot Number |
|----------|-----------------------------------------------|------------|
| 10       | UHMW SH 1.000 48X120 BK EXTRUDED   TIVAR 1000 | 52480104   |
|          |                                               |            |
|          |                                               |            |
|          |                                               |            |

SABIC Polymershapes

By: Ellie Hawat  
Title: Quality Coordinator

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Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO30469

Purchase Order Date 11/16/2015 2:25:41 PM

PO Print Date 11/16/2015

Page Number 1 of 2

**Order From :**

VC-GE001

SABIC POLYMERSHAPES  
1290 OLD INNES ROAD  
UNIT 713  
OTTAWA, ON K1B 5M6  
CA

**Ship To :** DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**

**Contact Name**

**Vendor Phone** 800 267 1575

**Ship To Contact**

**Ship To Phone**

**Ship Via:** TST ground

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #**

10127-2607

**Terms**

Net 30

**Currency**

CAD

**FOB**

FCA (Free Carrier)

| Line Nbr | Reference<br>Vendor Part Number<br>Line Comments<br>Delivery Comments | Description/<br>Mfg ID                            | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended<br>Price |
|----------|-----------------------------------------------------------------------|---------------------------------------------------|--------------------------------------|----|--------------------------------|---------------|-------------------|
| 1        | MUHMWB10                                                              | UHMW 1" Black<br>48"x120" Trivar<br>Mfg.#52480104 | 11/19/2015                           | FN | 400.00 ✓<br>sf                 | \$32.14       | \$12,856.00       |

MATERIAL: UHMW BLACK TRIVAR 1000 VIRGIN MATERIAL  
MANUFACTURER: POLY HI SOLDUR/QUADRANT PLASTICS

NOTE: PLANNED BOTH SIDES

*SP15-11-19*

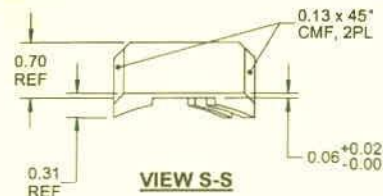
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\$12,856.00

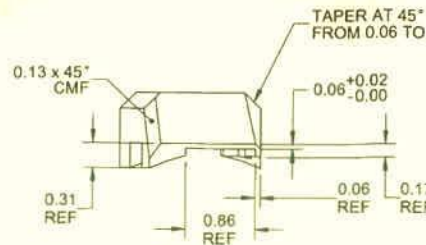
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11/16/2015

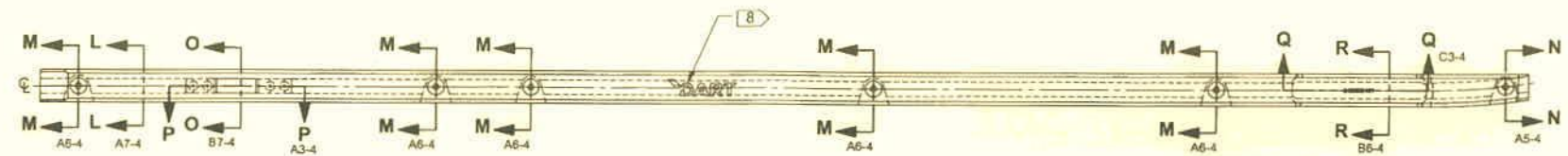
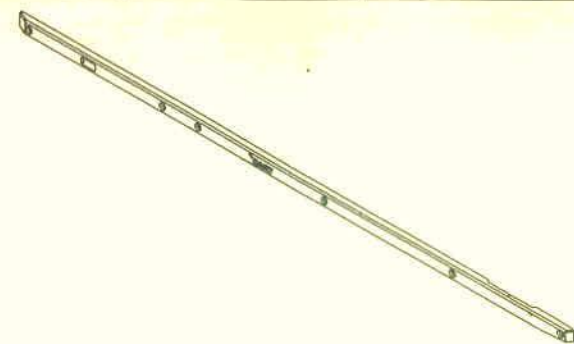
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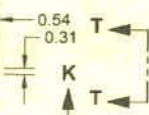
VIEW S-S



VIEW T-T



78.12  
REF



D5369-2 CABLE GUARD

NOTES:

- 1) MATERIAL: UHMW BLACK TIVAR 1000 VIRGIN MATERIAL  
REF DART SPEC MUHMWB100
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.020 TO 0.040 MAX
- 6) IDENTIFICATION: ENGRAVE P/N ON LOWER SIDE TO MAX DEPTH OF 0.010 AND MIN RADIUS OF 0.010
- 7) WEIGHT: 3.17 lbs
- 8) ENGRAVE DART LOGO AS SHOWN ON UPPER SIDE TO MAX DEPTH OF 0.015 AND MIN RADIUS OF 0.125
- 9) MACHINE CONSTANT SECTION L-L UNLESS OTHERWISE NOTED
- 10) ALL HOLES DRILLED ON CENTERLINES
- 11) UNDEFINED FEATURES CONTROLLED BY CAD FILE D5369-2 REV. A.SLDPRT

RELEASED  
2016-01-21

APPROVED

|                                                                                                                                                                                                                             |          |                                              |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                      | RF       | DART AEROSPACE USA, INC.                     |              |
| DRAWN                                                                                                                                                                                                                       | RF       | EUGENE, OR                                   |              |
| CHECKED                                                                                                                                                                                                                     | VS       | DRAWING NO.                                  | REV. A       |
| MFG. APPR.                                                                                                                                                                                                                  | JFS      | D5369                                        | SHEET 3 OF 4 |
| APPROVED                                                                                                                                                                                                                    | HS       | TITLE                                        | SCALE        |
| DE APPR.                                                                                                                                                                                                                    | DS       | CABLE GUARD                                  | NTS          |
| DATE                                                                                                                                                                                                                        | 15.12.03 | COPYRIGHT © 2015 BY DART AEROSPACE USA, INC. |              |
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